

ADMINISTRATIVE

Approved For Release 2002/06/05 : CIA-RDP79-00498A000200080048-9

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76-349	DP/A Registry 76-5853
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24 NOV 1976 OGC 76-6737  
11-20-76

MEMORANDUM FOR: Deputy Director for Administration

FROM : James H. McDonald  
Director of Logistics

SUBJECT : Request for Approval of Assistance From Another  
Government Component

STATINTL

REFERENCE : HR ☐

1. In accordance with Annex E of the reference, we are forwarding the attached report regarding copier management related assistance from the Social Security Administration to the Office of Logistics, Printing & Photography Division. Additional copies of the report are provided herewith for the Inspector General and the General Counsel.

2. It is recommended that the request for assistance be approved.

STATINTL

*James H. McDonald*  
☐

Att

CONCUR:

(signed)  
John H. Waller  
\_\_\_\_\_  
John H. Waller  
Inspector General

29 NOV 1976  
\_\_\_\_\_  
Date

STATINTL

☐  
*Anthony A. Lapham*  
General Counsel

6 Dec. 76  
\_\_\_\_\_  
Date

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SUBJECT: Request for Approval of Assistance From Another  
Government Component

APPROVED:

STATINTL



John F. Blake  
Deputy Director  
for  
Administration

7 DEC 1976

Date

Distribution:

- 0 - DDA, w/att (For return to D/L)
- 4 - DDA, w/att

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OL Assistance

Request No. OL-004-77

AGENCY ASSISTANCE FROM ANOTHER  
GOVERNMENT COMPONENT

DIRECTORATE: Administration

COMPONENT : Office of Logistics

DETAILED DESCRIPTION OF ACTIVITY:

Upon approval by the DDA, OL/P&PD will contact the Social Security Administration via telephone to request independent productivity information on various office copying machines.

LOCATION OF ASSISTANCE:

Printing & Photography Building

ORGANIZATION INVOLVED:

Social Security Administration

BASIS OR REASON FOR ACTIVITY:

To support the copier management activity with pertinent information, the Systems Staff, P&PD/OL, would like to contact an outside Agency that produces productivity reports on office copiers/duplicators.

FINANCIAL COSTS:

None

MANPOWER REQUIREMENTS:

Not more than 1 man-hour.

AGENCY EMPLOYEE TO CONSULT FOR ADDITIONAL INFORMATION:

Name:

Organization: OL/P&PD

Telephone Extension: Black

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